

### **About Citywide.**

The Citywide Drugs Crisis Campaign was set up in 1995 to provide communities from across the greater Dublin area with a forum where they could support each other, share experiences and address policy issue around drugs. Citywide has a membership drawn from every part of the city and is made up of community activists, trade unionists and the voluntary sector and support from church groups. In the last couple of years, the membership of Citywide has expanded outside of Dublin, as concern about the drugs problem has grown in communities across the country. This broad based membership has enabled Citywide to play a key role in campaigning for a state response to the drugs crisis.

Citywide produced its first policy document "Responding Together" in May 1996, which outlined the need for an integrated approach around issues of treatment, education/prevention and justice. A second policy document "Responding Together – the Crisis Continues" was produced in 1999 and this is now the third policy document. Each of these policy documents has been drawn up through an intensive consultation process to ensure that the policies are based on the real needs and real issues on the ground.

Many people are actively involved in their own local communities in working on the drugs issue, developing services to respond to local needs. Citywide approached the Dept. of Social ,Community and Family Affairs (formerly the Dept. of Social Welfare) who agreed to provide funding for Citywide to work as a support agency with local community organisations. The work involved includes helping groups to

- Clarify their aims and objectives
- Develop plans and set structures in place to implement them
- Review their progress to date
- Identify their support needs for the future.

Citywide is committed to a community development approach to tackling the drugs crisis. This means that local communities must be supported in developing the skills and resources necessary to tackle the drugs crisis. It also means that the people most affected by the drugs problem – drug users, families and communities –must be involved in developing policies and making decisions about how resources are spent. Citywide facilitates a range of networks and Working Groups that provide opportunities to identify and address key policy issues.

Citywide is committed to working in partnership with all agencies who are involved in the drugs issue and to actively campaigning for the implementation of the policies outlined in this document. Citywide welcomes the support of all organisations that share our aims and objectives.

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## **Introduction.**

Dublin Citywide Drugs Crisis Campaign launched its first policy document “Responding Together” in May 1996 at a time when communities were in turmoil over the drugs issue. Three years later, Citywide’s second policy document was launched “ Responding Together – the Crisis Continues.” The Crisis Continues acknowledged the significant achievements and development in the years 1996 to 1999, but also stated unequivocally that, despite these achievements, the drugs situation was till very much a crisis in 1999. This, the third Citywide policy document, also acknowledges the achievements of the three years from 1999 to 2002, but carries a similar unequivocal message - The Drugs Crisis Continues.

The First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs came out in October 1996. This report stated that “drug use is concentrated in communities that are characterised by large-scale social and economic deprivation and marginalisation. The physical/environmental conditions in these neighbourhoods are poor, as are the social and recreational infrastructures.” Government policy was finally giving official acknowledgement to the case that has been argued by communities for a long time, about the links between socio-economic conditions and drug use.

As a result of the Task Force Report, 13 Local Drugs Task Forces were established, 12 in Dublin and 1 in Cork, a 14<sup>th</sup> Task Force was later established in Bray. The Local Drugs Task Forces have enabled local community representatives to become involved in drawing up plans and implementing services and have resulted in the investment of much needed resources into local communities. There are approximately 220 Task Force funded projects in place and an evaluation in 2000 outlined their work and achievements. 51% are education/prevention projects, 36% are treatment/rehabilitation projects and 3% are supply control.

The Second Ministerial Task Force Report was published in May 1997 and one of it’s key recommendations was the setting up of a Youth Services Development Fund, as “high priority should be attached to developing youth facilities in areas where the problem of drug abuse is prevalent or where it may be likely to emerge.” Following an intensive community campaign, the Young Peoples Facilities and Services Fund was announced in January 1998 and this was followed by the announcement of a second round of funding, which is being allocated during 2002. Approximately 350 facility and service projects are being supported under the Fund, with the bulk of spending in Local Drug Task Force areas and some in the urban areas of Galway, Waterford, Limerick and Carlow.

The treatment figures for 1996 to 1999 showed a rapid expansion in the then Eastern Health Board treatment services, with numbers in treatment rising from 1,861 in December 1996 to 3,675 in February 1999. The methadone protocol was introduced in

October 1998 in order to regulate and control the supply of methadone. Since 1999, there has been a further significant increase, with numbers in treatment across the three Eastern Region Health Authority(ERHA) areas now at over 5,800.

The budget made available through Fas for CE Special Drug Projects has contributed significantly to the development of rehabilitation programmes in local communities, with a total of 18 projects in the ERHA region in the first phase of funding and a further 19 new projects to be funded under phase two.

The work of the Criminal Assets Bureau has been very important in targeting the assets of major drug dealers and this work has continued during the last few years. Since its inception in 1996, the CAB has frozen assets to the value of 8.4million, demanded in excess of #37million in tax payments (of which 10 million has been collected) and has saved almost #1.6million in social welfare payments.

The development of Community Policing Forums in local areas has been a community led response to improve relations between Gardai and local communities. The Gardai have given formal backing to the pilot Community Policing Forum in the South Inner City. The pilot Drug Court was established in the North Inner City in January 2001 and the evaluation of the pilot phase is now being completed.

The Dept. of Education has continued the process of introducing the schools programmes “Walk Tall” and “On My Own Two Feet” to primary and post-primary schools across the country. During the past year, and in response to a need clearly identified both at community and statutory levels, the Department has also nominated representatives to the Local Drug Task Forces.

The Family Support Network was set up following the first Service of Commemoration and Hope in February 2000. The attendance at the Service by a wide range of politicians and statutory representatives marked an official level of recognition for the numbers of deaths that have been caused through drugs and the resulting devastation and grief for communities and families. The Family Support Network has helped to bring together family support groups from across the city and has highlighted the importance of family support work around the drugs issue.

The National Advisory Committee on Drugs was established in 2000 to advise the government on the development of future policy in the drugs area. The setting up of the Committee is an important recognition that the drugs problem cannot be dealt with in the short term and that long term planning and development is required.

So it is clear that there have been a number of significant achievements in tackling the drugs crisis since the first Citywide policy document in May 1996 and then from 1999 to date. Despite these achievements, **Citywide must state unequivocally that the drugs crisis continues.**

The most recent estimate for the number of opiate users in Dublin is 13,460. (Dr. C. M. Comiskey – Estimating the Prevalence of Opiate Drug Use in Dublin). The numbers currently in treatment in the EHRA area are close to 6,000, which represents less than half of the estimated numbers. There is still a significant population of drug users not in treatment in the Dublin region.

There are still waiting lists for treatment in some parts of the city and there are significant parts of the city in which treatment services are not available.

The welcome and growing involvement of user groups in the discussion on drug treatment services has led to serious questions in relation to the quality of much of the treatment that is on offer, a concern that is shared by family groups and community projects.

For drug users who are in treatment, there is still very limited access to counselling, support, after care and rehabilitation services, yet these programmes are recognised as being an essential part of effective drugs treatment.

Drug related deaths are continuing on an ongoing basis across the city – they receive little publicity, but cause heartbreak and misery for families and communities.

Dublin is now experiencing a growing problem of cocaine use in the areas that have been most devastated by heroin. The warning signs are there and an immediate response is required if we are not to have a new and additional drugs crisis on our hands.

The problem of housing and homelessness and its links to drug use has emerged as a key issue in the last few years and many drug users are facing serious problems in relation to housing issues.

The 1999 policy document stated “It would be absolutely inexcusable for any other city or town in Ireland to experience a heroin epidemic similar to Dublin, yet this will happen unless preventative strategies are put in place before heroin has taken hold in other cities or towns. Waiting until there is a heroin problem is leaving it too late.” Recent figures on the very significant growth in treatment for heroin use outside of Dublin are a clear warning that we may well be running out of time if we are to prevent heroin from becoming a serious problem outside of Dublin.

The 2001 National Drugs Strategy Building on Experience does not recognise the role of families and communities in tackling the drug crisis. The involvement of the people most affected by the drugs problem – drug users, families and communities – is essential if we want a strategy that will work. Therefore, supporting and resourcing the involvement of drug users, families and communities must be seen as a core element of a National Drugs Strategy and not as an optional extra.

The scourge of heroin will continue to affect communities until the real problems of poverty and marginalisation are tackled. Major investment is required in the infrastructure of these communities – investment in education, health services, childcare, training, employment, housing, recreational facilities, public transport. The RAPID Programme has held out the promise of this development – we need to see it delivered.

It is essential that government and statutory agencies continue to see the drugs issue as a priority and remain committed to working in partnership with local communities. The resources required to implement the proposals in Building on Experience must not fall victim to cutbacks.

The policy proposals outlined in this document aim to build on the achievements to date and to address the issues that have been outlined here. The proposals have been drawn up through an extensive consultation process, which included

- Citywide Conference in Dublin Castle (December 2001)
- Family Support Conference (April 2002)
- Discussions by a range of Working Groups and Focus groups meeting through Citywide.
- Networks facilitated by Citywide i.e. Task Force Community Representatives, CE Drugs Projects etc.

The document is based on a huge wealth of knowledge and experience in relation to the drugs issue and Citywide would like to express its appreciation to all of the people who contributed their ideas and comments. We hope that everyone reading this document will take an active part within their own community, organisation, agency or statutory body in campaigning to have its recommendations implemented.

## **HEALTH**

### **Treatment**

- The problems created by waiting lists for treatment have been recognised in the National Drugs Strategy and the Strategy proposes to have immediate access for drug users to assessment and counselling, followed by commencement of treatment within a month. There is concern that there is no target date for implementation of this proposal and the Health Boards need to outline a realistic plan for achieving this objective.
- There are proposals in the Strategy for a continuum of care model that leads into rehabilitation and aftercare services. Each Health Board is required to have in place, by end 2002, a range of treatment and rehabilitation models as part of a planned programme of progression for each drug user. There does not appear to be any additional resources available within the Health Boards for the implementation of this proposal. There needs to be urgent clarification of where these resources are going to come from.

- The development of comprehensive residential treatment services, incorporating detoxification, is outlined in the Strategy. This remains a priority and the necessary resources need to be made available.
- A protocol for the treatment of under 18 year olds is due to be developed by mid 2002. The Dept. of Health Working Group on the protocol is now established and includes representatives from the community sector. When it's report and recommendations become available, there needs to be a clear plan drawn up between Health Boards and community drug projects for the implementation of the proposals.
- The Strategy refers, as a matter of priority, to the need to increase the level of GP and pharmacy involvement in the treatment services. While this expansion in services is necessary, there is also a need to look at the quality of some of the existing services. There is a need for ongoing evaluation of GP and Pharmacy services, in consultation with service users, Irish College of General Practitioners(ICGP) and Irish Pharmaceutical Union(IPU) to address current difficulties being experienced by service users and how future services can be developed.
- The Benzodiazepine Working Group which was set up by the Dept. of Health has produced it's report. An implementation plan now needs to be drawn up by Health Boards and community drug projects on the basis of the recommendations in the Report.
- There is a need to provide adequate services for people who are actively using drugs and for people for whom current treatments are not working. The Strategy refers to proposals to expand the existing network of needle exchange facilities and to develop outreach models for users who are not in contact with services. There is an immediate need to develop a service plan which is specifically targeted at active drug users.
- Concern is growing in local communities about the increasing use of cocaine and the potential development of crack cocaine. There is an immediate need to identify the services that are needed to deal with this and to put these services in place. Communities are adamant that action must be taken now, before the cocaine problem escalates any further.
- There is serious concern about the lack of co-ordination between drug treatment services and mental health services. This issue is not addressed in the Strategy proposals. A Working Group should be established involving people from both the Drug Services and Mental Health Services and representatives from the community and voluntary sector to address the issue.
- Counselling services need to be appropriate and relevant for the needs of drug users. A review of existing ERHA counselling services has recently been carried

out and it is hoped that this will lead to more flexible and relevant counselling and therapeutic services to meet these needs.

- Studies that have been carried out on samples of drug users in different settings have found rates of Hepatitis C infection ranging from 52% to 89%. In the case of HIV/AIDS, there are drug users who are currently ill who need proper medical treatment and there is also the need to guard against any complacency around future levels of HIV infection. Yet there is no mention in the treatment proposals of the need for a strategy around the prevention and management of Hepatitis, HIV/AIDS and other illnesses to which drug users are susceptible. This needs to be addressed as a matter of urgency
- There has been some progress in developing partnership between Health Boards and the community groups that are involved in delivering services for drug users - however, there are many significant issues that remain to be addressed. There is an immediate need to build on the initial work done by the Best Practice Working Group (set up between EHB-now ERHA- and LDTF community representatives) and to come up with a partnership protocol which will be agreed to and implemented by the Health Boards.
- The development of a Service User Charter is a priority and the Strategy says it will be in place by end 2002. It is essential not only that this charter is put in place, but that a clear strategy is agreed between the Health Boards and User Groups as to how it will be implemented and monitored. Drug users need to be listened to by the service deliverers, as people with a right to have an input into how services are developed and delivered.
- Families have a key contribution to make to the overall development of effective and appropriate drug treatment services. The Family Support Network provides a means by which family members can be part of service and policy development and the Network needs to be supported and resourced in its work.

#### **Drug related deaths.**

- People continue to die every week as a result of drug use, yet the scale of deaths is not acknowledged or addressed. There is an urgent need to establish a special register of drug deaths. This will help to establish the scale of the tragedy, so that action can be taken to reduce the number of deaths in the future.

#### **Rehabilitation and aftercare.**

- There is a huge lack of rehabilitation services for recovering drug users and many community organizations are trying to address this need through the CE Special Drug Projects. The Special Drugs Projects need to be seen at policy level within Fas and the Dept. of Enterprise as part of an overall drug treatment and

rehabilitation programme for drug users, rather than as a labour market mechanism or an employment support.

- These programmes need to be developed in a flexible and adaptable way to meet the training, education and support needs of the participants. Adequate budgets need to be available to allow for this flexibility and Projects need to be aware of how they can access additional budgets in order to meet these training and support needs of participants.
- The CE Special Projects are based in local communities and so are ideally placed to support the re-integration of clients into the local community. They are developing a strong advocacy role for clients in relation to issues like housing, social welfare issues etc. A number of projects are currently experiencing difficulties because participants cannot hold on to secondary benefits after the first year. This kind of practical obstacle to re-integration needs to be dealt with at an inter-agency level i.e. Inter-Departmental Committee.
- As part of the previous Drug Strategy, 1,000 Special CE Drug Project places were allocated. Initially, these places were additional CE places, now however, the 1,000 places are coming out of the existing CE allocation. This can lead to difficulties in local communities, where drug projects can be seen to be taking CE places from other local projects. Communities need to campaign to have the CE Drug Project places restored as additional places.
- There is now an additional difficulty in that general CE places are being significantly cut back by the government. CE Special Drug Projects places are currently exempted from these cutbacks, but the general impact on services in the community such as childcare, summer projects etc. has a negative effect on all services in the communities. Current CE cutbacks should be halted and a proper strategic review carried out in relation to CE places and services and their role in the local community.
- It is important to state that CE Special Drug Projects cannot meet all the needs of drug users and there is a need to develop a range of rehabilitation and aftercare services. As already stated, the Strategy says that these services will be in place by the end of 2002 – we need to know where the resources are going to come from to ensure that this happens.
- The Labour Inclusion Programme is a pilot programme which is looking at how Local Employment Services (LES) can support recovering drug users into employment. It is important that resources are provided to LES to enable them to develop these services

### **Childcare.**

- Access to childcare is a key issue for drug users and for the delivery of drug services. A plan for the allocation of childcare funds to drug related services in



communities needs to be drawn up and delivered, through formal co-ordination between the National Drug Strategy Team and the Dept. of Justice, Equality and Law Reform .

#### **Alcohol policy.**

- The Strategy refers to links with the National Alcohol Policy, but there is no clear indication of how the Alcohol policy will be implemented at local community level. There is a need for communities to be more involved with the National Alcohol Policy and to look at how links can be developed at local level between drugs and alcohol services. The NDST, which includes representation from the National Alcohol Policy, should examine how these links can be developed.

## **JUSTICE**

#### **Policing.**

- The communities who have experience of working with Community Policing Forums need to come together to look at the effectiveness of these models, based on the evaluations done to date, and to draw out the broader policy issues on policing that are emerging for communities.
- There is a need to have a proper debate, involving Gardai and community representatives, both at policy level and at local level, about the principles and approaches of community policing, and what impact these should have on how the Gardai operate and how they work with local communities.
- The Strategy gives responsibility to the Dept. of Justice to establish, in consultation with the Gardai and the community sector, “best practice guidelines and approaches for community involvement in supply control activities.” A Working Group involving Dept. of Justice, Gardai and community representatives should be set up immediately to start working on these guidelines and approaches.
- The Strategy includes a proposal to increase the level of Garda resources in LDTF by the end of 2001. This has not happened and there needs to be a clear indication of what is meant by “level of Garda resources” and when this will now happen.
- People in local communities have been calling for a number of years for the work of the Criminal Assets Bureau to target the assets of middle-level dealers. Many of the middle-level dealers are continuing to live in the areas that they prey on and this leads to anger and frustration in these communities. The money collected by CAB should be redistributed to the communities most affected by the drugs problem.

### **Drug Court.**

- The evaluation of the pilot Drug Court, when it is complete, will provide an important opportunity to look at how the Drug Court is working, as part of the Irish treatment and judicial systems. When the drug court evaluation is published, there should be a seminar to look at the outcomes of the evaluation and what it means for future development of the Drug Court in Ireland.
- The training for all personnel involved in the Drug Court should include, as a priority, developing contact with and being informed about what is happening in local communities around the drugs issue, contact with local services and meetings with User Forums and Family Groups.

### **Prisons.**

- The proposals in the Strategy focus on the implementation of the Report of the Steering Group on Prison Based Drug Treatment Services. At present, representatives from the community/voluntary sector attend by invitation at the end of meetings of the Steering Group. This does not represent a partnership way of working and does not allow for adequate and effective debate and dialogue on prison policy. The community and voluntary sectors should have formal representation on the Steering Group
- The Prisons Liaison Group, bringing communities and prisons together to work in partnership, has been established and its work needs to be supported and developed. Some of the issues that need to be addressed by the Liaison group are outlined in the following points.
- There is a need to agree a protocol outlining how community and voluntary organisations can gain access to the prisons. Current experience on accessing the prison is variable, unpredictable, and undependable. This protocol needs to be standardised and applied across the different prisons.
- There is a need for formal induction and discharge procedures for prisoners to be put in place in all prisons. Without these procedures, it is impossible to ensure that people entering or leaving prison are aware of and are put in contact with the services that are available in their local communities.
- A number of voluntary groups are involved in delivery of programmes within the prison, but are not given a role in the overall planning of programmes. The planning of prison programmes should draw on the expertise of community and voluntary organizations

## **EDUCATION/PREVENTION**

### **Education.**

- The Strategy says that the Dept. of Education will nominate an official to serve on each LDTF by the end of 2001 and that these Task Force representatives will meet to discuss cross-cutting issues, chaired by a senior official. This group of Task Force Education representatives needs to meet on an ongoing basis with the Community Representatives Network to look at how the lack of engagement by the Dept. of Education in partnership with communities can be addressed.
- The Dept. of Education needs to respond to the demand from several local communities for the setting up of Education Task Forces to deal with the education crisis in their communities. There is a range of initiatives being developed and delivered by the Dept. of Education, many of them targeted at early school leavers, without consultation with local communities and this is leading to disjointed, unco-ordinated services at local level and is diminishing the effectiveness of the initiatives.
- The Dept. of Education is required in the Strategy to develop guidelines to assist schools in the formation of a drugs policy. Groups in local communities have been active in developing links with local schools on the drugs issue and supporting schools to develop policies on drugs. The Department needs to look at how it can support and resource the development of formal links between schools and community groups in relation to the drugs issue.
- The strategy sets targets in relation to the implementation of the Schools programmes (Walk Tall and On Our Own Two Feet), both in LDTF areas and nationally. National programmes can only be really effective if they are linked with more locally based drugs initiatives that are sensitive to the local context for the children in each school. The Department should ensure that these links with the community are built into the delivery of these schools programmes.

### **Drugs Awareness Campaigns.**

- The Dept. of Health is given responsibility in the Strategy for developing and launching a National Awareness Campaign. The effectiveness of a national campaign will be very limited unless it is backed by more targeted local campaigns. The work carried out by the Community Response Family Project in the last few years indicates how important it is that communities are supported to develop their own awareness and education materials on drugs, whether books, leaflets, comics, videos, tapes. Part of the budget for the National Awareness Campaign should be allocated for these kind of local initiatives.

### **Young Peoples Facilities and Services Fund.**

- The current allocation of funding for the second round of the YPFSF is not adequate to provide the staffing for the facilities that are being developed. A realistic budget needs to be identified and allocated.

- The YPFSF is part of the National Drugs Strategy and there is a need to ensure that it's services and facilities reach the young people who are most at risk of becoming involved with drugs. Any evaluation of the Fund should look at how effective it has been in reaching these young people.
- Community representatives have been unhappy with the membership of the Local Development Groups from the time they were set up. The lack of community representation on the Development Groups is completely inconsistent with the partnership structure of the Local Drugs Task Forces and the groups should include at least two community representatives.
- The YPFSF should put in place a designated community training budget to support the training of people from the target communities as youth workers.

## **HOUSING/HOMELESSNESS**

### **Housing and homelessness.**

- The Housing Act of 1997 arose out of community concerns about drug dealing and anti-social behaviour in local communities. Experience since then has raised serious questions about the impact that this type of legislation is having on drug users and their families and both family and user groups have raised serious concerns about how it is working. The Strategy proposes that an external evaluation of the impact of enforcement activity under the Housing Acts be commissioned by end 2001. It is important that this research is carried out as quickly as possible and that local communities play an active part in the research..
- In carrying out this research, we should be aiming to develop a housing strategy, which combines as it's aims both dealing effectively with anti-social behaviour and supporting drug users in being housed within their communities.
- There is a need for locally based housing support services for drug users, where links can be made between drug services and the agencies responsible for housing and social housing initiatives . Local drug services need to be supported in developing an advocacy role around housing issues for drug users. Housing/homeless agencies, statutory agencies, drug users and community groups need to come together to look at how these services can be developed.

## **FAMILY SUPPORT**

### **Family support.**

- The work of Local Family Support Groups within their own communities needs to be recognized and resourced.

- The experience of families means that, as well as supporting each other, they are in a position to support and contribute to the treatment of their family members. Families are a huge potential resource in terms of supporting drug users in treatment. There is a need to look at how formal liaison can be set up between families and treatment services (with client's consent); how families can be aware of and informed about the treatment that the drug user is receiving, about the effects and implications of that treatment.
- The devastating effect of drug use on family members means that families have service needs of their own and these needs have not been recognised in the Strategy. There is an urgent need to develop family support, counselling and therapy services for the families of drug users. A 24 hour helpline and respite services have also been identified by families as key needs.
- Holding local services to commemorate people who have died, and establishing permanent memorials in public places, is hugely important for families, for drug users and for the overall community and needs to be supported. The sensitive issue of recording deaths that are related to drug use, and how these figures are used, needs to be looked at in consultation with the families who are affected.
- There are issues around financial support for family members, often grandparents, who are taking responsibility for rearing children whose parents have died or are unable to care for them because of drug use. There needs to be an immediate improvement in the situation for these families.

## **TRAVELLERS AND OTHER ETHNIC GROUPS.**

### **Travellers.**

- Traveller groups and organisations should be resourced adequately to develop their own work on the drugs issue. Links need to be developed between drug services, Local Drugs Task Forces and the Traveller Groups.

### **Ethnic groups.**

- Research needs to be carried out, in partnership with organizations representing the new ethnic groups living in Ireland, to find out as much as we can about their issues and service needs in relation to drugs.

## **DRUGS TASK FORCES**

### **Local Drugs Task Forces.**

- Local Drugs Task Forces have been effective in delivering resources for services into local communities. It is essential that they continue to work effectively and that the current difficulties in allocating funds are immediately addressed.
- Community representatives need access to supports at local Task Force level, including access to training opportunities, resources for local consultation and clarity about expenses. It is essential that the Community Representatives continue to identify their own training and support needs and that resources are available to meet these needs.
- The Strategy refers to the need to enable user groups to play a role in generating greater understanding of the drugs issue. There needs to be active and positive support for the involvement of user groups in Local Drugs Task Forces and also support for the development of a broad-based Users Network.

### **Regional Drugs Task Forces**

- Resources need to be provided immediately for the Regional Drugs Task Forces.
- Each RDTF should be required to produce a community participation plan, as part of its overall plan. This participation plan should outline how the RDTF intends to encourage and support community participation in the Task Force and the resources that will be allocated to do this.
- Within each region, communities should be supported to develop a strong community network around the drugs issue, which will facilitate and support community representation on the Regional Task Forces. Resources will be required to support this networking.
- Communities from across the different regions should be supported to come together in a national network around the drugs issue. Again, resources will be required to support this networking and these resources need to be made available through the National Drugs Strategy.

## **SUPPORT FOR COMMUNITY PARTICIPATION**

### **Community training and education.**

- It is essential that local community people have access to the education and training opportunities which will support their involvement on the drugs issue,

whether as a paid worker or on a voluntary basis as a worker or member of a management committee. Models of training have developed from within communities - a proper funding strategy for community drugs education and training needs to be put in place to ensure that these programmes can be extended, developed and mainstreamed.